

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines **12FE4M5**

Republican Party of Louisiana

ADDRESS (number and street) **11440 North Lake Sherwood Ave**

(Check if address is changed) **Baton Rouge** **LA** **70816**

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

wjvcpa@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

lagop.com

COMMITTEE'S FAX NUMBER

225-408-2798

2. DATE **01** / **30** / **1993**

3. FEC IDENTIFICATION NUMBER **C C00187450**

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer **Dan Kyle**

Signature of Treasurer Electronically Filed by **Dan Kyle** Date **03** / **19** / **2008**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a **STA** (National, State (or subordinate) committee of the **REP** (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Republican Party of Louisiana

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Republican Party of Louisiana**

Mailing Address **11440 North Lake Sherwood Ave #A**

Baton Rouge **LA** **70816** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **225** - **928** - **2998**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Dan Kyle**

Mailing Address **11440 North Lake Sherwood Ave #A**

Baton Rouge **LA** **70816** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer Telephone number **225** - **928** - **2998**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Iberia Bank

Mailing Address

3700 Essen Lane

Baton Rouge

LA

70809

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲